State: Arkansas Filing Company: AXA Equitable Life Insurance Company

TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium

Product Name: Equivest Series 901 TSA/EDC/401(a)

Project Name/Number: Enrollment Forms 10/12/2011 401(a) STRAT (10-12)

Filing at a Glance

Company: AXA Equitable Life Insurance Company
Product Name: Equivest Series 901 TSA/EDC/401(a)

State: Arkansas

TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable

Sub-TOI: A02.1G.002 Flexible Premium

Filing Type: Form

Date Submitted: 10/31/2012

SERFF Tr Num: ELAS-128748198

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: 2011 401(A) STRAT (10-12)

Implementation 12/03/2012

Date Requested:

Author(s): Robert Palermo
Reviewer(s): Linda Bird (primary)

Disposition Date: 11/06/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

SERFF Tracking #: ELAS-128748198 State Tracking #:

State: Arkansas Filing Company: AXA Equitable Life Insurance Company

TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium

Product Name: Equivest Series 901 TSA/EDC/401(a)

Project Name/Number: Enrollment Forms 10/12/2011 401(a) STRAT (10-12)

General Information

Project Name: Enrollment Forms 10/12 Status of Filing in Domicile: Not Filed

Project Number: 2011 401(a) STRAT (10-12)

Requested Filing Mode: Review & Approval

Date Approved in Domicile:

Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Group Market Type: Employer Overall Rate Impact:

Filing Status Changed: 11/06/2012

State Status Changed: 11/06/2012 Deemer Date:

Created By: Robert Palermo Submitted By: Robert Palermo

Corresponding Filing Tracking Number:

Filing Description:

Please see attached filing letter for details.

Company and Contact

Filing Contact Information

Gregory Prato, Assistant Vice President greg.prato@axa-equitable.com

 1290 Avenue of the Americas,
 212-314-5710 [Phone]

 14th Floor
 212-314-3380 [FAX]

New York, NY 10104

Filing Company Information

AXA Equitable Life Insurance CoCode: 62944 State of Domicile: New York

Company Group Code: 968 Company Type: LIFE

1290 Avenue of the Americas, 14- Group Name: Insurance

10 FEIN Number: 13-5570651 State ID Number:

New York,, NY 10104 (212) 314-2921 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No

Fee Explanation: AR Filing fee of \$50.00 per form (3) = \$150.00

Per Company: No

Company Amount Date Processed Transaction #

AXA Equitable Life Insurance Company \$150.00 10/31/2012 64429734

 SERFF Tracking #:
 ELAS-128748198
 State Tracking #:
 Company Tracking #:
 2011 401(A) STRAT (10-12)

State: Arkansas Filing Company: AXA Equitable Life Insurance Company

TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium

Product Name: Equivest Series 901 TSA/EDC/401(a)

Project Name/Number: Enrollment Forms 10/12/2011 401(a) STRAT (10-12)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/06/2012	11/06/2012

 SERFF Tracking #:
 ELAS-128748198
 State Tracking #:
 Company Tracking #:
 2011 401(A) STRAT (10-12)

State: Arkansas Filing Company: AXA Equitable Life Insurance Company

TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium

Product Name: Equivest Series 901 TSA/EDC/401(a)

Project Name/Number: Enrollment Forms 10/12/2011 401(a) STRAT (10-12)

Disposition

Disposition Date: 11/06/2012

Implementation Date:
Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Variable Text Memorandums		Yes
Supporting Document	Filing Letter		Yes
Form	401(a) Enrollment Form		Yes
Form	457(b) EDC Enrollment Form		Yes
Form	403(b) TSA Enrollment Form		Yes

SERFF Tracking #: ELAS-128748198 State Tracking #: Company Tracking #: 2011 401(A) STRAT (10-12)

State: Arkansas Filing Company: AXA Equitable Life Insurance Company

TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium

Product Name: Equivest Series 901 TSA/EDC/401(a)

Project Name/Number: Enrollment Forms 10/12/2011 401(a) STRAT (10-12)

Form Schedule

Item	Schedule Item	Form	Form	Form	Form	Action Specif	ic	Readability	
No.	Status	Name	Number	Туре	Action	Data		Score	Attachments
1		401(a) Enrollment Form	2011 401(a) STRAT (10-		Revised	Previous Filing Number:	48029		Enrollment Form - 2011 401(a)
			12)			Replaced Form Number:	2011 401(a) STRAT		STRAT (10-12).pdf
2		457(b) EDC Enrollment Form	2011 EDC STRAT (10-	AEF	Revised	Previous Filing Number:	48029		Enrollment Form - 2011 EDC STRAT
			12)			Replaced Form Number:	2011 EDC STRAT		(10-12).pdf
3		403(b) TSA Enrollment Form	2011 TSA STRAT (10-	AEF	Revised	Previous Filing Number:	48029		Enrollment Form - 2011 TSA STRAT
			12)			Replaced Form	2011 TSA STRAT		(10-12).pdf

Form Type Legend:

. •	po Logona.		
ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
ОТН	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

AXA Equitable Life Insurance Company

EQUI-VEST® StrategiesSM (Series 901)
Combination Fixed and Variable Deferred Annuity
401(a) Enrollment Form

1. Employer infor	mation	
Employer/and (or)	School Name/Unit Nam	e
Unit Number		
2. Participant info	ormation (Check appre	opriate boxes)
If your Mailing Add Residential Addres	dress is different from t ss below, please provid n 8. If you have moved indicate your previous	the Primary de your Mailing within the last
☐ Mr. ☐ Mrs. ☐ M	liss ☐ Ms. ☐ Other	
☐ Male ☐ Female		
	Social Security Number (Requ	uired)
First Name	Middle Initial	Last Name
Birth Date (mm/dd/yy)	Evening Phone Number Daytime	Phone Number
U.S.A. Primary Residential	Address — No P.O. Box Permitte	d
City	State	Zip Code
Email Address (optional)		
Vesting Start Date	Date of Hire	
Valid Driver's License No./S		
U.S. Citizen?	es No (If No, complete Permanent Resident card)	below and attach
Country	Passport #/Resident Card	d# U.S. Visa Type
3. Beneficiary(ies	s) information	
Primary		
1	Last Name	%
First Name Relationship to Pa		
☐ Spouse: Male	☐ Female ☐	
☐ Child: Male ☐	Female □	
☐ Other:		
T.I.N.: S.S.N. \square or	E.I.N. 🗆	

Mailing Instructions:

Express Mail: (with money):

JPMorganChase

4 Chase Metrotech Center, 7th Floor NY Remit One Image Lockbox # 13823 Brooklyn, NY 07188-0823

Regular Mail: (with money): EQUI-VEST Unit Annuity Lockbox P.O. Box 13823

Newark, NJ 07188-0463





Express Mail: (without money): EQUI-VEST New Business 100 Madison St., Suite 1000 Syracuse, NY 13202

Regular Mail: (without money): EQUI-VEST New Business P.O. Box 4704, Syracuse, NY 13221-4704

	(continued)
2	%
First Name Last Name	
Relationship to Participant: ☐ Spouse: Male ☐ Female ☐ ☐ Child: Male ☐ Female ☐ ☐ Other:	
T.I.N.: S.S.N. □ or E.I.N. □	
Contingent	
1 Last Name	%
Relationship to Participant: ☐ Spouse: Male ☐ Female ☐ ☐ Child: Male ☐ Female ☐ ☐ Other:	
T.I.N.: S.S.N. 🗆 or E.I.N. 🗀	
4. Optional feature Enhan	ced Death Benefit
If you would like to elect the Enhan please check the following box:	nced Death Benefit,
☐ Yes, I would like to elect the En	hanced Death Benefit.
5. Contribution amount	
If a man me and will be foreverded at a lo	
#5A and, if applicable, #5B. If a payr enrollment form is signed, complete A. Expected First Year Contrib	#5C also.
#5A and, if applicable, #5B. If a payr enrollment form is signed, complete A. Expected First Year Contrib Transfers/Rollovers): Expected Monthly	nent will be provided when the #5C also.
#5A and, if applicable, #5B. If a paymenrollment form is signed, complete A. Expected First Year Contrib Transfers/Rollovers): Expected Monthly Contribution (Check only one) \$250 \$500 \$1,000	nent will be provided when the #5C also. ution (Excluding Direct Expected Annual First
#5A and, if applicable, #5B. If a payrenrollment form is signed, complete A. Expected First Year Contrib Transfers/Rollovers): Expected Monthly Contribution (Check only one) \$250 \$500 \$1,000 Other \$	nent will be provided when the #5C also. ution (Excluding Direct Expected Annual First Year Contribution \$
#5A and, if applicable, #5B. If a paymenrollment form is signed, complete A. Expected First Year Contrib Transfers/Rollovers): Expected Monthly Contribution (Check only one) \$250 \$500 \$1,000	nent will be provided when the #5C also. ution (Excluding Direct Expected Annual First Year Contribution \$ or a portion of this amount
#5A and, if applicable, #5B. If a payrenrollment form is signed, complete A. Expected First Year Contrib Transfers/Rollovers): Expected Monthly Contribution (Check only one) \$250 \$500 \$1,000 Other \$	nent will be provided when the #5C also. ution (Excluding Direct Expected Annual First Year Contribution \$
#5A and, if applicable, #5B. If a payrenrollment form is signed, complete A. Expected First Year Contrib Transfers/Rollovers): Expected Monthly Contribution (Check only one) \$250 \$500 \$1,000 Other \$	nent will be provided when the #5C also. ution (Excluding Direct Expected Annual First Year Contribution \$ or a portion of this amount raging, also complete #7. mployee and employer = Employer
#5A and, if applicable, #5B. If a payrenrollment form is signed, complete A. Expected First Year Contrib Transfers/Rollovers): Expected Monthly Contribution (Check only one) \$250 \$500 \$1,000 Other \$	e Employer ent will be provided when the #5C also. sution (Excluding Direct Expected Annual First Year Contribution \$
#5A and, if applicable, #5B. If a payrenrollment form is signed, complete A. Expected First Year Contrib Transfers/Rollovers): Expected Monthly Contribution (Check only one) \$250 \$500 \$1,000 Other \$	e Employer ent will be provided when the #5C also. sution (Excluding Direct Expected Annual First Year Contribution \$
#5A and, if applicable, #5B. If a payrenrollment form is signed, complete A. Expected First Year Contrib Transfers/Rollovers): Expected Monthly Contribution (Check only one) \$250 \$500 \$1,000 Other \$	e Employer Employer and employer Employer and employer Em
#5A and, if applicable, #5B. If a payrenrollment form is signed, complete A. Expected First Year Contrib Transfers/Rollovers): Expected Monthly Contribution (Check only one) \$250 \$500 \$1,000 Other \$	Expected Annual First Year Contribution \$

6. Selection of investment options and allocation	% Multimanager Aggressive Equity (T2*)% Multimanager Large Cap Value (58*)
percentages	% Oppenheimer Main Street Fund®/VA (7Q*)
Must check either Box A or Box B, but not both.	Small/Mid Cap Stocks
A. Maximum Transfer Flexibility. By checking this	% American Century VP Mid Cap Value (7V*)
box, you may invest in the investment options listed in this section which are not boxed off.	AXA Tactical Manager 400 (7L*)
Transfers out of the Guaranteed Interest Option	% EQ/AllianceBernstein Small Cap Growth (TP*)
will not be limited.	% EQ/AXA Franklin Small Cap Value Core (6E*)
B. Maximum Fund Choice. By checking this box,	% EQ/GAMCO Small Company Value (37*)
you may invest in any of the investment options listed in this section. Transfers out of the	EQ/Mid Cap Value PLUS (79*)
Guaranteed Interest Option will be limited (see	% EQ/Morgan Stanley Mid Cap Growth (08*)
prospectus for details).	% EQ/Small Company Index (97*)
Current Allocation (Applies to Boxes A and B): Select the	% Fidelity® VIP Mid Cap (7U*) % Goldman Sachs VIT Mid Cap Value (7W*)
allocation for the contributions indicated in #5A or any	% Goldman Sachs VTI Mid Cap Value (7VV)
amounts that you may invest in these investment options in the future. You can change this allocation for future	% Invesco V.I. Small Cap Equity (7X*)
contributions at any time. The percentages entered below	% Ivy Funds VIP Mid Cap Growth (8M*)
must be in whole numbers and total 100%.	% Ivý Funds VIP Small Cap Growth (7Y*) % Multimanager Mid Cap Growth (59*)
Contribution Allocation	% Multimanager Mid Cap Value (61*)
Structured Investment Option Segment	% Multimanager Small Cap Growth (36*)
% S&P 500 1year -10% Buffer (V1*)	% Multimanager Small Cap Value (91*)
Although not required, you have the ability to choose a Performance	International Stocks/Global% AXA Tactical Manager International (7N*)
Cap Threshold. To choose your Performance Cap Threshold, please	" EQ/Global Multi-Sector Equity (78*)
check the box below and complete the Performance Cap Threshold	% EQ/International Core PLUS (88*)
and Maturity Instructions Election Form (#146946). The completed form	% EQ/International Equity Index (TN*)
must be submitted along with this application to our Processing Office.	% EQ/International Value PLUS (73*)
☐ I want to choose a Performance Cap Threshold.	EQ/Oppenheimer Global (6A*)
Asset Allocation	% EQ/Templeton Global Equity (6D*)
AXA Allocation	// Invesco V.I. International Growth (7Z*)
% AXA Aggressive Allocation (18*) % AXA Balanced Strategy (8Q*)	% Lazard Retirement Emerging Markets Equity (8H*)
% AXA Moderate Allocation (T4*)	% Multimanager International Equity (65*)
% AXA Moderate Growth Strategy (8O*)	Sector/Specialty
% AXA Moderate-Plus Allocation (17*)	/% Invesco V.I. Global Real Estate (8C*)
Target Allocation% Target 2015 Allocation (6G*)	% lvy Funds VIP Energy (8D*)
Target 2015 Allocation (60)	% MFS® Technology (8J*) % MFS® Utilities (8K*)
% Target 2035 Allocation (61*)	Multimanager Technology (67*)
% Target 2045 Allocation (6J*)	% Van Eck VIP Global Hard Assets (8N*)
Other Asset Allocation% All Asset Growth – Alt 20 (7H*)	Guaranteed-Fixed
% EQ/AllianceBernstein Dynamic Wealth Strategies (8P*)	% Guaranteed Interest Option (A1*)
% EQ/Franklin Templeton Allocation (6P*)	AXA Allocation (Not available under Max Flex option)
Large Cap Stocks	AXA Conservative Allocation (15*)
% AXA Tactical Manager 500 (7M*)	% AXA Conservative Growth Strategy (8R*)
% EQ/BlackRock Basic Value Equity (81*) % EQ/Boston Advisors Equity Income (33*)	% AXA Conservative Ytas / Illocation (10)
EQ/Calvert Socially Responsible (92*)	Bonds (Not available under Max Flex option)
% EQ/Common Stock Index (T1*)	% EQ/Core Bond Index (96*)
% EQ/Davis New York Venture (6Q*)	EQ/Global Bond PLUS (47*) EQ/Intermediate Government Bond (TI*)
% EQ/Equity 500 Index (TE*) % EQ/Equity Growth PLUS (94*)	EQ/PIMCO Ultra Short Bond (28*)
% EQ/JPMorgan Value Opportunities (72*)	% EQ/Quality Bond PLUS (TQ*)
% EQ/Large Cap Core PLUS (85*)	% Invesco V.I. High Yield (8L*)
% EQ/Large Cap Growth Index (82*)	// Ivy Funds VIP High Income (8G*)
% EQ/Large Cap Growth PLUS (77*) % EQ/Large Cap Value Index (49*)	Multimanager Core Bond (69*) Multimanager Multi-Sector Bond (TH*)
L% EQ/Large Cap Value PLUS (89*)	% Templeton Global Bond Securities (8F*)
% EQ/Lord Abbett Large Cap Core (05*)	Cash Equivalents (Not available under Max Flex option)
% EQ/Montag & Caldwell Growth (34*)% EQ/Mutual Large Cap Equity (6F*)	EQ/Money Market (T3*)
EQ/T. Rowe Price Growth Stock (32*)	Sector/Specialty (Not available under Max Flex option)% EQ/Franklin Core Balanced (6C*)
% EQ/Van Kampen Comstock (07*)	PIMCO VIT CommodityRealReturn® Strategy (8E*)
% Fidelity® VIP Contrafund® (7R*)% Fidelity® VIP Equity Income (7S*)	
Invesco V.I. Diversified Dividend (8B*)	Total of all investment options chosen for
MFS® Investors Growth Stock (81*)	Contribution Allocations must equal 100%
% MFS® Investors Trust (7P*)	* The number in parentheses is shown for data input only.
2011 401(a) STRAT (10-12)	719_core AXA Equitable Life Insurance Company Cat. No. 147602 (10/12) Page 2 of 5
	0

	7. Special Dollar Cost Averaging (Special DCA)		% Invesco V.I. Diversified Dividend (8B*) % MFS® Investors Growth Stock (8I*)
	Only available for direct transfer and rollover contributions.		/* MFS® Investors Trust (7P*)
	Choose one time period. 100% of the contribution indicated		% Multimanager Aggressive Equity (T2*)
	in Section #5B(i) will be allocated to Special DCA unless you		Multimanager Large Cap Value (58*)
r	specify a dollar amount for the time period selected.		% Oppenheimer Main Street Fund®/VA (7Q*)
	☐ 3-months: ☐ 100% Allocation or ☐ \$		Small/Mid Cap Stocks% American Century VP Mid Cap Value (7V*)
1	☐ 6-months: ☐ 100% Allocation or ☐ \$		% AXA Tactical Manager 400 (7L*)
+	□ 12-months: □ 100% Allocation or □\$		% AXA Tactical Manager 2000 (7K*)
/	Use the Special DCA allocation column below for amounts		% EQ/AllianceBernstein Small Cap Growth (TP*)
	to be transferred under the Special DCA program. You cannot select more than 10 investment options.		% EQ/AXA Franklin Small Cap Value Core (6E*)% EQ/GAMCO Small Company Value (37*)
	If only allocating a portion of the direct transfer or rollover to Special		EQ/Mid Cap Index (55*)
	DCA, you <u>must</u> complete the contribution allocations listed in #6.		% EQ/Mid Cap Value PLUS (79*)
	Note: Your choice of Maximum Transfer Flexibility or Maximum		% EQ/Morgan Stanley Mid Cap Growth (08*)
	Fund Choice as indicated in #6 will also apply to the investment		% EQ/Small Company Index (97*)
	options listed in this section.		% Fidelity® VIP Mid Cap (7U*)% Goldman Sachs VIT Mid Cap Value (7W*)
	Special DCA Allocation		% Invesco V.I. Mid Cap Core Equity (7T*)
r	Structured Investment Option Segment	-	/% Invesco V.I. Small Cap Equity (7X*)
L	% S&P 500 1year -10% Buffer (V1*)		// Ivy Funds VIP Mid Cap Growth (8M*)
	Although not required, you have the ability to choose a Performance		% Ivy Funds VIP Small Cap Growth (7Y*)% Multimanager Mid Cap Growth (59*)
	Cap Threshold. To choose your Performance Cap Threshold, please		% Multimanager Mid Cap Value (61*)
	check the box below and complete the Performance Cap Threshold		% Multimanager Small Cap Growth (36*)
)	and Maturity Instructions Election Form (#146946). The completed		% Multimanager Small Cap Value (91*)
/	form must be submitted along with this application to our Processing		International Stocks/Global
	Office.		% AXA Tactical Manager International (7N*)% EQ/Global Multi-Sector Equity (78*)
	 ☐ I want to choose a Performance Cap Threshold. Note: if you elect the Structured Investment Option as part of your 		% EQ/International Core PLUS (88*)
	allocation percentages in #6 and elected a threshold, the same		% EQ/International Equity Index (TN*)
	threshold that you elected will also apply to the Structured Investment		% EQ/International Value PLUS (73*)
	Option if chosen as part of your Special DCA allocations.		EQ/MFS International Growth (26*) EQ/Oppenheimer Global (6A*)
ſ	Asset Allocation		% EQ/Templeton Global Equity (6D*)
П	AXA Allocation		% Invesco V.I. International Growth (7Z*)
	% AXA Aggressive Allocation (18*)		% Lazard Retirement Emerging Markets Equity (8H*)
	% AXA Balanced Strategy (8Q*)		% MFS® International Value (8A*)% Multimanager International Equity (65*)
	% AXA Moderate Allocation (T4*)% AXA Moderate Growth Strategy (8O*)		Sector/Specialty
	% AXA Moderate-Plus Allocation (17*)		% Invesco V.I. Global Real Estate (8C*)
	Target Allocation		% Ivy Funds VIP Energy (8D*)
	% Target 2015 Allocation (6G*)		% MFS® Technology (8J*)
	% Target 2025 Allocation (6H*)		% MFS® Utilities (8K*)
	% Target 2035 Allocation (61*)% Target 2045 Allocation (6J*)		% Multimanager Technology (67*)% Van Eck VIP Global Hard Assets (8N*)
	Other Asset Allocation		- V
)	% All Asset Growth – Alt 20 (7H*)		AXA Allocation (Not available under Max Flex option) ———————————————————————————————————
	% EQ/AllianceBernstein Dynamic Wealth Strategies (8P*))	% AXA Conservative Allocation (13) % AXA Conservative Allocation (13) % AXA Conservative Allocation (13)
	% EQ/Franklin Templeton Allocation (6P*)		% AXA Conservative-Plus Allocation (16*)
	Large Cap Stocks		% AXA Conservative Strategy (8S*)
	% AXA Tactical Manager 500 (7M*)	1	Bonds (Not available under Max Flex aption)
	% EQ/BlackRock Basic Value Equity (81*) % EQ/Boston Advisors Equity Income (33*)		EQ/Core Bond Index (96*) CONTROL OF THE PROPERTY OF THE PROPE
	% EQ/Doston Advisors Equity modific (66) ——————————————————————————————————		% EQ/Intermediate Government Bond (TI*)
	% EQ/Common Stock Index (T1*)		% EQ/PIMCO Ultra Short Bond (28*)
	% EQ/Davis New York Venture (6Q*)		% EQ/Quality Bond PLUS (TQ*)
	% EQ/Equity 500 Index (TE*) % EQ/Equity Growth PLUS (94*)		% Invesco V.I. High Yield (8L*)
	EQ/JPMorgan Value Opportunities (72*)	1	% Ivy Funds VIP High Income (8G*)% Multimanager Core Bond (69*)
	% EQ/Large Čap Core PLUS (85*)		% Multimanager Multi-Sector Bond (TH*)
	% EQ/Large Cap Growth Index (82*)		% Templeton Global Bond Securities (8F*)
	% EQ/Large Cap Growth PLUS (77*)		Cash Equivalents (Not available under Max Flex option)
	% EQ/Large Cap Value Index (49*) % EQ/Large Cap Value PLUS (89*)		% EQ/Money Market (T3*)
	EQ/Lord Abbett Large Cap Core (05*)		Sector/Specialty (Not available under Max Flex option)
			% EQ/Franklin Core Balanced (6C*) % PIMCO VIT CommodityRealReturn®Strategy (8E*)
	% EQ/Montag & Caldwell Growth (34*)		
	% EQ/Montag & Caldwell Growth (34*)		
	% EQ/Montag & Caldwell Growth (34*)% EQ/Mutual Large Cap Equity (6F*)% EQ/T. Rowe Price Growth Stock (32*)		% Total of all investment options chosen for Special
	% EQ/Montag & Caldwell Growth (34*)		

8. Special instructions Use this section to enter the participant's mailing address if it differs from the primary residential address. Also, for any additional details regarding beneficiary, replacement, or transfer information. For Participants whose Mailing Address differs from their Primary Residential Address in #2.

For Participants whose Ma Primary Residential Addre	uiling Address o	differs from their
Participant's Mailing Addre	ess:	,
Mailing Address — P.O. Bo	ox Accepted	
City	State	Zip Code
100		
	-	
		. 28

A a	nd B must	be comple	ted.	
<u>۱. F</u>	Replacemen	t Information:	(Must Resp	oond to 1 and 2.)
	o you have a ∃Yes □ No	any other exist	ing life insu	rance or annuities?
i a a	nas it been) against, cha or replaced	nged or othe	, withdrawr rwise redu n with this	n from, loaned ced in value.
ţ	han 3 compa nstructions s	inies are replac	llowing infor ced, provide	mation (if more details in Special
1	Year Issued	Type of Plan	Company	Contract Number
	Company Addre	ess		
2	Year Issued	Type of Plan	Company	Contract Number
	Company Addre	PSS		
,	3. <u>Year Issued</u>	Type of Plan	Company	Contract Number
	Company Addr	ess		
The print the thi pri	mary residen enrollment f s enrollmen mary reside label I have a se	state is your state is your state is your state is going to state it is state in a difference	om Section 2 ent state. If y te other tha le box below the in the states	te of sale.
sig	ned in your st other state.	ate of Primary	Residence, ı	unless we approve

9. Other Required Information

(Mandatory)

□ Yes, by signing this enrollment form, I hereby do Representative Report to act as my agent in giving and I authorize AXA Equitable to act on such instructions that may arise in connection with such instructions time as it receives my written notification of a char telephone or electronic or overnight mail transfer processing to the content of the	g investment option transfer instruc uctions. I understand that AXA Equ is, and (ii) will have no liability for a s. AXA Equitable will continue to ac inge at its processing office. AXA Ecorocedures at any time without prio	tions by telephone o litable (i) may rely in ny claim, loss, liabili t upon this authoriza quitable may (i) chan r notice, and (ii) rest	r electronically, good faith on the ty, or expense tion until such ge or terminate
11. Agreement All information and statements on this enrollment form no financial professional has the authority to make or negulations. I understand that the investment options of the separate account or variaguaranteed as to dollar amount. I acknowledge that After reviewing my financial information and goals financial goals.	nodify any certificate on AXA Equitable he annuity account value attributabe able annuity benefit payments may t I have received the most current p with my financial professional, I be	e's behalf, or to waive le to allocations to ti increase or decreas program summary ar	or alter any of AXA he variable e and are not nd any supplement(s).
Consent for Delivery of Initial Prospectus on a Yes. By checking this box and signing the Enrollr on computer readable compact disk "CD", and I am a indefinitely, I understand that I must print it. I also understand calling Customer Service at 1-877-222-2141 and that me in paper format, unless lenroll in AXA Equitable's	ment Form below, I acknowledge that able to access the CD information. In derstand that I may request a progran at all subsequent program summary of	order to retain the pr m summary in paper	ogram summary format at any time by
By signing this Enrollment Form the Participant benefits other than tax deferral, as the tax-defer	acknowledges that he or she is b ral feature of the certificate does i	ouying the certificat not provide addition	e for its feature and nal benefits.
X Proposed Participant's Signature	Today's Date (mm/dd/yy)	City	State
2011 401(a) STRAT (10-12)	X03719_core 2	(Z) AXA	Equitable Life Insurance Company at. No. 147602 (10/12) Page 5 of 5

EQUI-VEST® REPRESENTATIVE REPORT

Please print in black ink.

All questions must be answered.

	A.	I CERTIFY THAT A PROGRAM SUM GIVEN TO THE PROPOSED PARTIC THOSE APPROVED BY AXA EQUIT ENROLLMENT FORM MUST SIGN I	SPANT AI ABLE HA	ND THAT NO WRI I VE BEEN USED. (1	TEN SALES MATE	HIALS OIL	TER IMAN I
	B.	DO YOU HAVE REASON TO BELIEV SURRENDERED, WITHDRAWN FROOR REPLACED IN CONNECTION WILL BE ISSUED ON THE LIFE OF YES NO (IF YES, ATTACH A CO	OM, LOAN /ITH THIS THE PAR	NED AGAINST, CH. STRANSACTION, A TICIPANT?	ASSUMING THE C	ERTIFICATI	E APPLIED FOR
2000	C.	DID YOU (i) VERIFY THE IDENTITY E PARTICIPANT, (ii) INQUIRE ABOUT T (iii) CONFIRM THAT THE PARTICIPAL FOREIGN MILITARY, GOVERNMENT YES (IF YOU ARE UNABLE TO ANS	THE SOUI NT IS NO TOR POL	RCE OF THE CUS T (NOR IS A FAMIL ITICAL OFFICIAL?	Y MEMBER OF OF	AND INCOM	TED WITH) A
	_	DO YOU AUTHORIZE THE CERTIFIC	OATE TO	DE MAIL ED DIDE	CTIVITO THE DDO	DOSED DA	RTICIPANT INSTEAD
	D.	OF BEING MAILED TO THE BRANC	H OFFIC	E?	ALF TO THE PRO	FOOLDIA	THOI ART INOTEAS
$\ $	E.	IS THE PROPOSED PARTICIPANT (CURREN [*]	TLY AN ACTIVE DU	JTY* MEMBER OF	THE ARM	ED FORCES?
		☐ YES ☐ NO (IF YES, YOU MUST AI DISCLOSURE TO ACTIVE DUTY M	LSO SUB EMBERS	MIT A COMPLETE OF THE ARMED F	D AND SIGNED LI FORCES).	FE INSURA	ANCE/ANNUITY
		* "ACTIVE DUTY" MEANS FULL-TIN INCLUDES MEMBERS OF THE RI UNDER PUBLISHED ORDERS FO MEMBERS OF THE RESERVE CO TRAINING UNDER MILITARY CAL	ESERVE (OR ACTIVI OMPONEN LS OR OF	COMPONENT (NAT E DUTY OR FULL-1 NT WHO ARE PERF RDERS SPECIFYIN	TONAL GUARD AN TIME TRAINING. TH FORMING ACTIVE I G PERIODS OF LE	D RESERVI IE TERM DO DUTY OR AG ISS THAN 3	E) WHILE SERVING DES NOT INCLUDE CTIVE DUTY FOR 1 CALENDAR DAYS.
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000000		PRINT NAME EQUI-VEST ISSUES MUST ADEQUATE ON PREVIOUS CONTRACTS. PRINT REPRESENTATIVE(S) NAME(S)	ELY REFL	REPRESENTATIVE	REPRESENTATIVE	OF ALL RE	PRESENTATIVES REPRESENTATIVE INSURANCE
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X03719_core

AXA Equitable Life Insurance Company

EQUI-VEST® StrategiesSM (Series 901)
Combination Fixed and Variable Deferred Annuity

457(b) EDC Enrollment Form

	Application No.
	1. Employer information
	Employer/and (or) School Name/Unit Name
	Unit Number
	Participant information (check appropriate boxes)
	If your Mailing Address is different from the Primary Residential Address below, please provide your Mailing Address in Section 8. If you have moved within the last 12 months, please indicate your previous address in the Special Instructions section.
	□ Mr. □ Mrs. □ Miss □ Ms. □ Other
	□ Male □ Female
	Social Security Number (Required)
	First Name Middle Initial Last Name
	Birth Date (M/D/Y) Evening Phone Number Daytime Phone Number
	U.S.A. Primary Residential Address – No P.O. Box Permitted
	City State Zip Code
	Email Address (optional)
>	Valid Driver's License No./State Issued ID # State Exp. Date
	U.S. Citizen? ☐ Yes ☐ No (If No, complete below and attach copy of U.S. Visa or Permanent Resident card)
	Country Passport #/Resident Card # U.S. Visa Type
	3. Beneficiary(ies) information
	Primary
	1. First Name Last Name %
	Relationship to Participant: Spouse: Male Female C Child: Male Female C Other
	T.I.N.: S.S.N. or E.I.N.

Mailing Instructions:

Express Mail: (with money):

JPMorganChase

4 Chase Metrotech Center, 7th Floor NY Remit One Image Lockbox # 13823 Brooklyn, NY 07188-0823

Regular Mail: (with money):

EQUI-VEST Unit Annuity Lockbox P.O. Box 13823 Newark, NJ 07188-0463



Express Mail: (without money): EQUI-VEST New Business 100 Madison St., Suite 1000 Syracuse, NY 13202

Regular Mail: (without money): EQUI-VEST New Business P.O. Box 4704, Syracuse, NY 13221–4704

3. Beneficiary(ies) information	(continued)			
Primary				
2. First Name Last Nam	e%			
Relationship to Participant: Spouse: Male Semale Semane S				
T.I.N.: S.S.N. □ or E.I.N. □				
Contingent				
1. First Name Last Nam	ne			
Relationship to Participant: ☐ Spouse: Male ☐ Female ☐ ☐ Child: Male ☐ Female ☐ ☐ Other				
T.I.N.: S.S.N. 🗆 or E.I.N. 🗆				
4. Optional feature Enhan	ced Death Benefit			
If you would like to elect the Enhancheck the following box: Yes, I would like to elect the Enlance. Contribution amount				
If a payment will be forwarded at a la #5A and, if applicable, #5B. If a payr enrollment form is signed, complete A. Expected First Year Contrib Transfers/Rollovers):	nent will be provided when the #5C also.			
Expected Monthly Contribution (Check only one)	Expected Annual First Year Contribution			
\$250 \$500 \$1,000 Other \$	\$			
B. Expected Direct Transfers/Rollover amounts: \$				
(ii) Provide a breakdown of electric contributions: \$	mployee and employer \$			
	e Employer			
(iii) Is this a Rollover from a 4	1.			
C. Amount provided with this en	nrollment form: \$			
D. Reminder/Contribution Info				
Months to be excluded, if any, fr	om your Plan Contribution is ecutive from May to			

September only):

6. Selection of investment options and	% Multimanager Large Cap Value (58*) % Oppenheimer Main Street Fund®/VA (7Q*)
allocation percentages	Small/Mid Cap Stocks
Must check either Box A or Box B, but not both.	% American Century VP Mid Cap Value (7V*)
A. Maximum Transfer Flexibility. By checking this box,	% AXA Tactical Manager 400 (7L*)
you may invest in the investment options listed in	% AXA Tactical Manager 2000 (7K*)
this section which are not boxed off. Transfers out of	% EQ/AllianceBernstein Small Cap Growth (TP*)
the Guaranteed Interest Option will not be limited.	% EQ/AXA Franklin Small Cap Value Core (6E*)
B. Maximum Fund Choice. By checking this box, you	% EQ/GAMCO Small Company Value (37*)
may invest in any of the investment options listed in	% EQ/Mid Cap Index (55*)
this section. Transfers out of the Guaranteed Interest	% EQ/Mid Cap Value PLUS (79*)
Option will be limited (see prospectus for details).	% EQ/Morgan Stanley Mid Cap Growth (08*)
Current Allocation (Applies to Boxes A and B): Select the	% EQ/Small Company Index (97*)
allocation for the contributions indicated in #5A or any	% Fidelity® VIP Mid Cap (7U*)
amounts that you may invest in these investment options	% Goldman Sachs VIT Mid Cap Value (7W*)
in the future. You can change this allocation for future	% Invesco V.I. Mid Cap Core Equity (7T*)
contributions at any time. The percentages entered below	% Invesco V.I. Small Cap Equity (7X*)
must be in whole numbers and total 100%.	% Ivy Funds VIP Mid Cap Growth (8M*)
Contribution Allocation	% Ivy Funds VIP Small Cap Growth (7Y*)% Multimanager Mid Cap Growth (59*)
	% Multimanager Mid Cap Value (61*)
Structured Investment Option Segment	
% S&P 500 1year -10% Buffer (V1*)	% Multimanager Small Cap Value (91*)
	The state of the s
Although not required, you have the ability to choose a Performance Cap Threshold. To choose your Performance Cap	International Stocks/Global
Threshold, please check the box below and complete the	% AXA Tactical Manager International (7N*)
Performance Cap Threshold and Maturity Instructions Election	% EQ/Global Multi-Sector Equity (78*)
Form (#146946). The completed form must be	% EQ/International Core PLUS (88*)
submitted along with this application to our	% EQ/International Equity Index (TN*)
Processing Office.	% EQ/International Value PLUS (73*)
☐ I want to choose a Performance Cap Threshold.	% EQ/MFS International Growth (26*)
	% EQ/Oppenheimer Global (6A*)
Asset Allocation	EQ/Templeton Global Equity (6D*)
AXA Allocation	// Invesco V.I. International Growth (7Z*)
% AXA Aggressive Allocation (18*)	% Lazard Retirement Emerging Markets Equity (8H*)
% AXA Balanced Strategy (8Q*)	MFS® International Value (8A*)
% AXA Moderate Allocation (T4*)	% Multimanager International Equity (65*)
% AXA Moderate Growth Strategy (80*)	Sector/Specialty (8.01)
% AXA Moderate-Plus Allocation (17*)	// Invesco V.I. Global Real Estate (8C*)
Target Allocation	% lvy Funds VIP Energy (8D*) MFS® Technology (8J*)
% Target 2015 Allocation (6G*)	% MFS lectificity (60)
% Target 2025 Allocation (6H*)	% Multimanager Technology (67*)
% Target 2035 Allocation (6I*)	% Multimanager Technology (67*)% Van Eck VIP Global Hard Assets (8N*)
% Target 2045 Allocation (6J*)	Guaranteed-Fixed
Other Asset Allocation	% Guaranteed Interest Option (A1*)
% All Asset Growth – Alt 20 (7H*)	% Guaranteed interest Option (A1)
% EQ/AllianceBernstein Dynamic Wealth Strategies (8P*)	AXA Allocation (Not available under Max Flex option)
% EQ/Franklin Templeton Allocation (6P*)	% AXA Conservative Allocation (15*)
Large Cap Stocks	% AXA Conservative Growth Strategy (8R*)
% AXA Tactical Manager 500 (7M*)	AXA Conservative-Plus Allocation (16*)
% EQ/BlackRock Basic Value Equity (81*)	% AXA Conservative Strategy (8S*)
% EQ/Boston Advisors Equity Income (33*)	Bonds (Not available under Max Flex option)
% EQ/Calvert Socially Responsible (92*)	% EQ/Core Bond Index (96*)
% EQ/Common Stock Index (T1*)	EQ/Global Bond PLUS (47*)
% EQ/Davis New York Venture (6Q*)	% EQ/Intermediate Government Bond (TI*)
% EQ/Equity 500 Index (TE*)	% EQ/PIMCO Ultra Short Bond (28*)
% EQ/Equity Growth PLUS (94*)	% EQ/Quality Bond PLUS (TQ*)
% EQ/JPMorgan Value Opportunities (72*) % EQ/Large Cap Core PLUS (85*)	% Invesco V.I. High Yield (8L*)
EQ/Large Cap Core PLUS (85")	% Ivy Funds VIP High Income (8G*)
% EQ/Large Cap Growth Index (82*)	% Multimanager Core Bond (69*)
% EQ/Large Cap Growth PLUS (77*) % EQ/Large Cap Value Index (49*)	Multimanager Multi-Sector Bond (TH*)
% EQ/Large Cap Value PLUS (89*)	" Templeton Global Bond Securities (8F*)
SeQ/Lord Abbett Large Cap Core (05*)	
% EQ/Montag & Caldwell Growth (34*)	Cash Equivalents (Not available under Max Flex option)
% EQ/Mutual Large Cap Equity (6F*)	% EQ/Money Market (T3*)
% EQ/T. Rowe Price Growth Stock (32*)	Sector/Specialty (Not available under Max Flex option)
% EQ/Van Kampen Comstock (07*)	% EQ/Franklin Core Balanced (6C*)
% Fidelity® VIP Contrafund® (7R*)	% PIMCO VIT CommodityRealReturn® Strategy (8E*)
% Fidelity® VIP Equity Income (7\$*)	
/ Invesco V.I. Diversified Dividend (8B*)	Total of all investment options chosen for
MFS® Investors Growth Stock (81*)	Contribution Allocations must equal 100%
% MFS® Investors Trust (7P*)% Multimanager Aggressive Equity (T2*)	
/o Widilinianayer Aggressive Equity (12)	The number in parentheses is shown for data input only.

	7. Special Dollar Cost Averaging (Special DCA)	1	MFS® Investors Growth Stock (8I*) MFS® Investors Trust (7P*)
	Only available for direct transfer and rollover contributions.	,	% Multimanager Aggressive Equity (T2*)
	Choose one time period. 100% of the contribution indicated in Section #5B(i) will be allocated to Special DCA unless you		% Multimanager Large Cap Value (58*) / % Oppenheimer Main Street Fund®/VA (7Q*)
	specify a dollar amount for the time period selected.		Small/Mid Cap Stocks
1	☐ 3-months: ☐ 100% Allocation or ☐\$		% American Century VP Mid Cap Value (7V*)
L	☐ 6-months: ☐ 100% Allocation or ☐\$		% AXA Tactical Manager 400 (7L*) % AXA Tactical Manager 2000 (7K*)
1	☐ 12-months: ☐ 100% Allocation or ☐\$	2.5	% EQ/AllianceBernstein Small Cap Growth (TP*) % EQ/AXA Franklin Small Cap Value Core (6E*)
	Use the Special DCA allocation column below for amounts		
	to be transferred under the Special DCA program. You		% EQ/Mid Cap Index (55*) % EQ/Mid Cap Value PLUS (79*)
	cannot select more than 10 investment options. If only allocating a portion of the direct transfer or rollover to		% EQ/Morgan Stanley Mid Cap Growth (08*)
	Special DCA, you <u>must</u> complete the contribution allocations		EQ/Small Company Index (97*) "Fidelity® VIP Mid Cap (7U*)
	listed in #6.		% Goldman Sachs VIT Mid Cap Value (7W*)
	Note: Your choice of Maximum Transfer Flexibility or Maximum Fund Choice as indicated in #6 will also apply to the investment		% Invesco V.I. Mid Cap Core Equity (7T*)% Invesco V.I. Small Cap Equity (7X*)
	options listed in this section.		% Ivv Funds VIP Mid Cap Growth (8M*)
	Special DCA Allocation		/ Ivý Funds VIP Small Cap Growth (7Ý*) // Multimanager Mid Cap Growth (59*)
	Structured Investment Option Segment		Multimanağer Mid Cab Value (61*) Multimanağer Small Cap Growth (36*)
-	% S&P 500 1year -10% Buffer (V1*)		Multimanager Small Cap Value (91*)
	Although not required, you have the ability to choose a Performance Cap Threshold. To choose your Performance Cap Threshold, please check the box below and complete the Performance Cap Threshold and Maurity Instructions Election Form (#146946).		International Stocks/Global
	old, please check the box below and complete the Performance		AXA Tactical Manager International (7N*) EQ/Global Multi-Sector Equity (78*)
1	The completed form must be submitted along with this application		% EQ/International Core PLUS (88*)
7	to our Processing Office. ☐ I want to choose a Performance Cap Threshold.		% EQ/International Equity Index (TN*)% EQ/International Value PLUS (73*)
	Note: if you elect the Structured Investment Option as part of your		% EQ/MFS International Growth (26*)
	allocation percentages in #6 and elected a threshold, the same		EQ/Oppenheimer Global (6A*)` "EQ/Templeton Global Equity (6D*)
	threshold that you elected will also apply to the Structured Investment Option if chosen as part of your Special DCA allocations.		% Invesco V.I. International Growth (7Z*)% Lazard Retirement Emerging Markets Equity (8H*)
П	Asset Allocation		% MFS® International Value (8A*)
H	AXA Allocation		% Multimanager International Equity (65*) Sector/Specialty
	% AXA Aggressive Allocation (18*)% AXA Balanced Strategy (8Q*)		% Invesco V.I. Global Real Estate (8C*)
	% AXA Moderate Allocation (T4*)		% Ivy Funds VIP Energy (8D*)
	% AXA Moderate Growth Strategy (80*) % AXA Moderate-Plus Allocation (17*)		% MFS® Technology (8J*)% MFS® Utilities (8K*)
	Target Allocation		% Multimanager Technology (67*)
	% Target 2015 Allocation (6G*) % Target 2025 Allocation (6H*)		% Van Eck VIP Global Hard Assets (8N*)
	% Target 2035 Allocation (61*)		AXA Allocation (Not available under Max Flex option) ———————————————————————————————————
	% Target 2045 Allocation (6J*) Other Asset Allocation		% AXA Conservative Growth Strategy (8R*)
	% All Asset Growth – Alt 20 (7H*)		% AXA Conservative-Plus Allocation (16*)
	% EQ/AllianceBernstein Dynamic Wealth Strategies (8P*)		% AXA Conservative Strategy (8S*) Bonds (Not available under Max Flex option)
	% EQ/Franklin Templeton Allocation (6P*) Large Cap Stocks		% EQ/Core Bond Index (96*)
	% AXA Tactical Manager 500 (7M*)		EQ/Global Bond PLUS (47*)
	% EQ/BlackRock Basic Value Equity (81*)% EQ/Boston Advisors Equity Income (33*)		————————————————————————————————————
И	% EQ/Calvert Socially Responsible (92*)		EQ/Quality Bond PLUS (TQ*)
4	% EQ/Common Stock Index (T1*)% EQ/Davis New York Venture (6Q*)		% Invesco V.I. High Yield (8L*)
	% EQ/Equity 500 Index (TE*)		% Ivy Funds VIP High Income (8G*)
	% EQ/Equity Growth PLUS (94*)% EQ/JPMorgan Value Opportunities (72*)		Multimanager Core Bond (69*) Multimanager Multi-Sector Bond (TH*)
	% EQ/Large Cap Core PLUS (85*)		% Templeton Global Bond Securities (8F*)
	% EQ/Large Cap Growth Index (82*) % EQ/Large Cap Growth PLUS (77*)		Cash Equivalents (Not available under Max Flex option)
	% EQ/Large Cap Value Index (49*)		% EQ/Money Market (T3*)
	% EQ/Large Cap Value PLUS (89*) % EQ/Lord Abbett Large Cap Core (05*)		Sector/Specialty (Not available under Max Flex option)
	% EQ/Montag & Caldwell Growth (34*)		EQ/Franklin Core Balanced (6C*) PIMCO VIT CommodityRealReturn® Strategy (8E*)
	% EQ/Mutual Large Cap Equity (6F*)% EQ/T. Rowe Price Growth Stock (32*)		
	% EQ/Van Kampen Comstock (07*)% Fidelity® VIP Contrafund® (7R*)		% Total of all investment options chosen for
	% Fidelity® VIP Equity Income (7S*)		Contribution Allocations must equal 100%
- 1	% Invesco V.I. Diversified Dividend (8B*)	1	* The number in parentheses is shown for data input only.

8. Special instructions

Use this section to enter the participant's mailing address if it differs from the primary residential address. Also, for any additional details regarding beneficiary, replacement, or transfer information.

For Participants whose Mailing Address differs from their Primary Residential Address in #2. Participant's Mailing Address:					
Mailing Address — P.O. Bo	x Accepted				
City	State	Zip Code			
·					
(A)					
<u> </u>					

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-					
	- 12111				
		CHARLES			
,					

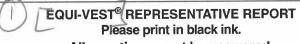
	and B must be completed.							
4. R	A. Replacement Information: (Must Respond to 1 and 2.)							
	. Do you have any other existing life insurance or annuities? ☐ Yes ☐ No							
it ch	2. Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the certificate applied for will be issued? □ Yes □ No If Yes, fully complete the following information (if more than 3 companies are replaced, provide details in Special Instructions section):							
1.								
1.	Year Issued	Type of Plan	Company	Contract Number				
	Company Addre	SS						
2.	Year Issued	Type of Plan	Company	Contract Number				
	Company Addre	SS						
3.								
	Year Issued	Type of Plan	Company	Contract Number				
120	Company Addre	ess		· · · · · · · · · · · · · · · · · · ·				
в. с	ertificate S	State:						
The Certificate state is your state of primary residence (Your primary residential address from Section 3) <u>unless</u> you sign the enrollment form in a different state. If you are signing this enrollment form in a state other than your state of primary residence, check one box below:								
	☐ I have a second residence in the state of sale.							
	l work or co	onduct busines	ss in the stat	te of sale.				
in yo	none of the above apply, the enrollment form must be signed your state of Primary Residence, unless we approve another tate.							

(Mandatory)

9. Other Required Information

AXA Equitable Life Insurance Company Cat. No. 147603 (10/12) Page 4 of 5

0. Broker Transfer Authorization
Yes, by signing this enrollment form, I hereby designate my registered representative named in EQUI–VEST Representative Report to act as my agent in giving investment option transfer instructions by telephone or electronically, and I authorize AXA Equitable to act on such instructions. I understand that AXA Equitable (i) may rely in good faith on the stated identity of a person placing such instructions, and (ii) will have no liability for any claim, loss, liability, or expense hat may arise in connection with such instructions. AXA Equitable will continue to act upon this authorization until such ime as it receives my written notification of a change at its processing office. AXA Equitable may (i) change or terminate elephone or electronic or overnight mail transfer procedures at any time without prior notice, and (ii) restrict fax, internet, elephone and other electronic transfer services because of disruptive transfer activity.
1. Agreement
All information and statements on this enrollment form are true and complete to the best of my knowledge and belief. I understand that no financial professional has the authority to make or modify any certificate on AXA Equitable's behalf, or to waive or alter any of AXA Equitable's rights and regulations. I understand that the annuity account value attributable to allocations to the variable investment options of the separate account or variable annuity benefit payments may increase or decrease and are not guaranteed as to dollar amount. I acknowledge that I have received the most current prospectus and any supplement(s). After reviewing my financial information and goals with my financial professional, I believe that this certificate will meet my financial goals.
Consent for Delivery of Initial Prospectus on CD-ROM:
Yes. By checking this box and signing the Enrollment Form below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at 1-877-222-2144, and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service. By signing this Enrollment Form the Participant acknowledges that he or she is buying the certificate for its feature
and benefits other than tax deferral, as the tax-deferral feature of the certificate does not provide additional benefits. X
Proposed Participant's Signature Today's Date (mm/dd/yy) City State
i Fassit tttttttttttttttttttttttttttttttttt



All questions must be answered.

A.	I CERTIFY THAT A PROSPECTUS PROPOSED PARTICIPANT AND T BY AXA EQUITABLE HAVE BEEN FORM MUST SIGN IN THE SPACE YES	HAT NO V USED. (T	VRITTEN SALES M <i>I</i> H E REPRESENTAT	ATERIALS OTHER T	HAN THOS	E APPROVED
B.	DO YOU HAVE REASON TO BELII SURRENDERED, WITHDRAWN F OR REPLACED IN CONNECTION WILL BE ISSUED ON THE LIFE O YES INO (IF YES, ATTACH A	ROM, LOA WITH TH F THE PA	ANED AGAINST, CH IS TRANSACTION, / RTICIPANT?	ANGED OR OTHER ASSUMING THE CE	WISE RED RTIFICATE	UCED IN VALUE, APPLIED FOR
C.	DID YOU (i) VERIFY THE IDENTIT PROPOSED PARTICIPANT, (ii) INC AND (III) CONFIRM THAT THE PAI A FOREIGN MILITARY, GOVERNM	Y BY REV QUIRE AB RTICIPAN MENT OR	IEWING THE DRIVI OUT THE SOURCE T IS NOT (NOR IS A POLITICAL OFFICIA	ER'S LICENSE/PAS OF THE CUSTOME FAMILY MEMBER (AL?	SPORT OF R'S ASSET DF OR ASS	THE TS AND INCOME OCIATED WITH)
D.	☐ YES (IF YOU ARE UNABLET MANAGER.) DO YOU AUTHORIZE THE CERTI					
	INSTEAD OF BEING MAILED TO					
E.	IS THE PARTICIPANT CURRENTL ☐ YES ☐ NO (IF YES, YOU MUST DISCLOSURE TO ACTIVE DUTY	ALSO S	UBMIT A COMPLET	ED AND SIGNED L		ANCE/ANNUITY
	* "ACTIVE DUTY" MEANS FULL- AND INCLUDES MEMBERS OF SERVING UNDER PUBLISHED NOT INCLUDE MEMBERS OF ACTIVE DUTY FOR TRAINING THAN 31 CALENDAR DAYS.	ORDERS THE RES	SERVE COMPONEN S FOR ACTIVE DUT ERVE COMPONENT	NT (NATIONAL GUA Y OR FULL-TIME TF T WHO ARE PERFO	RD AND RE RAINING, TH RMING AC	ESERVE) WHILE HE TERM DOES TIVE DUTY OR
11						
I	NAME AND SIGNATURE OF THE F AND VERIFIED THE ABOVE DOCU		. REPRESENTATIVE	WHO ANSWERED	THE ABOV	E QUESTIONS
1			. REPRESENTATIVE			E QUESTIONS (MM/DD/YY)
	AND VERIFIED THE ABOVE DOCU	MENTS. 	SIGNATU	JRE	DATE	(MM/DD/YY)
	PRINT NAME	MENTS. 	SIGNATU	JRE	DATE ES ON PREVIO	(MM/DD/YY)
	PRINT NAME PRINT NAME PRINT REPRESENTATIVE(S) NAME(S)	FLECT THE CLAST NAME	SIGNATU COMMISSION INTEREST	JRE OF ALL REPRESENTATIVE REPRESENTATIVE	DATE ES ON PREVIO	(MM/DD/YY) DUS CONTRACTS. REPRESENTATIVE INSURANCE
	PRINT NAME PRINT NAME PRINT REPRESENTATIVE(S) NAME(S)	FLECT THE CLAST NAME	SIGNATU COMMISSION INTEREST	JRE OF ALL REPRESENTATIVE REPRESENTATIVE	DATE ES ON PREVIO	(MM/DD/YY) DUS CONTRACTS. REPRESENTATIVE INSURANCE
	PRINT NAME PRINT NAME PRINT REPRESENTATIVE(S) NAME(S)	FLECT THE CLAST NAME	SIGNATU COMMISSION INTEREST	JRE OF ALL REPRESENTATIV REPRESENTATIVE	DATE ES ON PREVIO	(MM/DD/YY) DUS CONTRACTS. REPRESENTATIVE INSURANCE
	PRINT NAME PRINT NAME PRINT REPRESENTATIVE(S) NAME(S)	FLECT THE CLAST NAME	SIGNATU COMMISSION INTEREST	JRE OF ALL REPRESENTATIV REPRESENTATIVE	DATE ES ON PREVIO	(MM/DD/YY) DUS CONTRACTS. REPRESENTATIVE INSURANCE
	PRINT NAME PRINT NAME PRINT REPRESENTATIVE(S) NAME(S)	FLECT THE CLAST NAME	SIGNATU COMMISSION INTEREST	JRE OF ALL REPRESENTATIV REPRESENTATIVE	DATE ES ON PREVIO	(MM/DD/YY) DUS CONTRACTS. REPRESENTATIVE INSURANCE
	PRINT NAME PRINT NAME PRINT REPRESENTATIVE(S) NAME(S)	FLECT THE CLAST NAME	SIGNATU COMMISSION INTEREST	JRE OF ALL REPRESENTATIV REPRESENTATIVE	DATE ES ON PREVIO	(MM/DD/YY) DUS CONTRACTS. REPRESENTATIVE INSURANCE
	PRINT NAME PRINT NAME PRINT REPRESENTATIVE(S) NAME(S)	FLECT THE CLAST NAME	SIGNATU COMMISSION INTEREST	JRE OF ALL REPRESENTATIV REPRESENTATIVE	DATE ES ON PREVIO	(MM/DD/YY) DUS CONTRACTS. REPRESENTATIVE INSURANCE

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AXA Equitable Life Insurance Company

EQUI-VEST® StrategiesSM (Series 901) Combination Fixed and Variable Deferred Annuity 403(b) TSA Enrollment Form

1. EQUI-VEST co	ertificate type (Che	ck one)
A. Public School	ols	
^ℓ B. □ 501(c)(3)	, (=	5)
C. □ Colleges and	d Universities	
2. Employer info	ormation	
Employer/and (or) School Name/Unit N	ame
Unit Number		
3. Participant in	formation (Check ap	ppropriate boxes)
9. If you have move	lress is different from the ease provide your Mailine ed within the last 12 mo ress in the Special Instr	ng Address in Section on the Indicate
☐ Mr. ☐ Mrs. ☐ N	/liss ☐ Ms. ☐ Other	
│		
I Wale Di emale	Social Security Number (Re	equired)
	, , ,	
First Name	Middle Initial	Last Name
Birth Date (mm/dd/yy)	Evening Phone Number Daytim	e Phone Number
	,	
U.S.A. Primary Residentia	Address — No P.O. Box Permi	tted
City	State	Zip Code
Email Address (optional)		
Eniali Address (optional)		
Vesting Start Date	Date of Hire	
Valid Driver's License No./		
Permanent Resident card)	No (if No, complete below and at	tach copy of U.S. visa or
Country	Passport #/Resident Ca	ard # U.S. Visa Type
4. Beneficiary(ies	s) information	
Primary		
1.		%
First Name	Last Name	
Relationship to Pa	articipant:	
□ Spouse: Male □ Child: Male	☐ Female ☐	
□ Other:		

Mailing Instructions:					
Express Mail: (with money):	AYA	AXA	EQUI	TAR	ı

JPMorganChase

4 Chase Metrotech Center, 7th Floor
NY Remit One Image Lockbox # 1382

NY Remit One Image Lockbox # 13823
Brooklyn, NY 07188-0823
Regular Mail: (with money):

Lockbox P.O. Box 13823

Express Mail: (without money): EQUI-VEST New Business 100 Madison St., Suite 1000 Syracuse, NY 13202

Regular Mail: (without money):
EQUI-VEST New Business
P.O. Box 4704, Syracuse, NY 13221-4704

Newark, NJ 07188-0463 P.O	. Box 4704, Syracuse, NY 13221-4704
4. Beneficiary(ies) information	(continued)
2	%
First Name Last Nam	
Relationship to Participant: ☐ Spouse: Male ☐ Female ☐ ☐ Child: Male ☐ Female ☐ ☐ Other:	1 7
T.I.N.: S.S.N. □ or E.I.N. □	
Contingent	
First Name Last Nam	% e
Relationship to Participant: Spouse: Male Female Child: Male Female Other:	l
T.I.N.: S.S.N.	
5. Optional feature Enhance	ed Death Benefit
If you would like to elect the Enha please check the following box:	nced Death Benefit,
☐ Yes, I would like to elect the Er	nhanced Death Benefit.
6. Contribution amount	
If a payment will be forwarded at a la #6A and, if applicable, #6B. If a payn enrollment form is signed, complete A. Expected First Year Contrib Transfers/Rollovers):	nent will be provided when the #6C also.
Expected Monthly Contribution (Check only one)	Expected Annual First Year Contribution
□ \$250 □ \$500 □ \$1,000 □ Other \$	\$
B. Expected Direct Transiers/Ro (i) If you intend to allocate all of to Special Dollar Cost Average.	or a portion of this amount
(ii) Provide a breakdown of en contributions: \$	nployee and employer
Employee	
(iii) Is this a Rollover from a 40	
C. Amount provided with this en	
D. Reminder/Contribution Information Months to be excluded, if any, from Statement (months must be considered september only):	om your Plan Contribution secutive from May to

T.I.N.: S.S.N. □ or E.I.N. □

% Multimanager Large Cap Value (58*) Selection of investment options and allocation % Oppenheimer Main Street Fund®/VÁ (7Q*) percentages Small/Mid Cap Stocks Must check either Box A or Box B, but not both. % American Century VP Mid Cap Value (7V*) A. Maximum Transfer Flexibility. By checking this % AXA Tactical Manager 400 (7L*) box, you may invest in the investment options AXA Tactical Manager 2000 (7K*) % listed in this section which are not boxed off. EQ/AllianceBernstein Small Cap Growth (TP*) Transfers out of the Guaranteed Interest Option EQ/AXA Franklin Small Cap Value Core (6E*) will not be limited. EQ/GAMCO Small Company Value (37*) B. Maximum Fund Choice. By checking this box, you EQ/Mid Cap Index (55*) may invest in any of the investment options listed in EQ/Mid Cap Value PLUS (79*) % this section. Transfers out of the Guaranteed Interest EQ/Morgan Stanley Mid Cap Growth (08*) Option will be limited (see prospectus for details). EQ/Small Company Index (97*) Fidelity® VIP Mid Cap (7U*) Current Allocation (Applies to Boxes A and B): Select the allocation for the contributions indicated in #6A or any Goldman Sachs VIT Mid Cap Value (7W*) amounts that you may invest in these investment options Invesco V.I. Mid Cap Core Equity (7T*) Invesco V.I. Small Cap Equity (7X*) in the future. You can change this allocation for future contributions at any time. The percentages entered below % Ivy Funds VIP Mid Cap Growth (8M*) % Ivy Funds VIP Small Cap Growth (7Y*) must be in whole numbers and total 100%. Multimanager Mid Cap Growth (59*) Contribution Allocation % Multimanager Mid Cap Value (61*) Structured Investment Option Segment Multimanager Small Cap Growth (36*) Multimanager Small Cap Value (91*) -10% Buffer (V1*) % S&P 500 1year Although not required, you have the ability to choose a Performance International Stocks/Global Cap Threshold. To choose your Performance Cap Threshold, please AXA Tactical Manager International (7N*) check the box below and complete the Performance Cap Threshold % EQ/Global Multi-Sector Equity (78*) and Maturity Instructions Election Form (#146946). The completed % EQ/International Core PLUS (88* form must be submitted along with this application to our Processing % EQ/International Equity Index (TN*) % EQ/International Value PLUS (73*) ☐ I want to choose a Performance Cap Threshold. .% EQ/MFS International Growth (26*) Asset Allocation .% EQ/Oppenheimer Global (6A*) **AXA** Allocation EQ/Templeton Global Equity (6D*) .% AXA Aggressive Allocation (18*) .% Invesco V.I. International Growth (7Z*) Lazard Retirement Emerging Markets Equity (8H*) MFS® International Value (8A*) % AXA Balanced Strategy (8Q* % AXA Moderate Allocation (T4*) % AXA Moderate Growth Strategy (80*) _% Multimanager International Equity (65*) AXA Moderate-Plus Allocation (17*) Sector/Specialty **Target Allocation** % Invesco V.I. Global Real Estate (8C*)% Ivy Funds VIP Energy (8D*) % Target 2015 Allocation (6G*) Target 2025 Allocation (6H*) % MFS® Technology (8J*) % MFS® Utilities (8K*) Target 2035 Allocation (61*) % Target 2045 Allocation (6J*) .% Multimanager Technology (67*) Other Asset Allocation .% Van Eck VIP Global Hard Assets (8N*) .% All Asset Growth – Alt 20 (7H*) **Guaranteed-Fixed** -% EQ/AllianceBernstein Dynamic Wealth Strategies (8P*) % Guaranteed Interest Option (A1*) % EQ/Franklin Templeton Allocation (6P*) AXA Allocation (Not available under Max Flex option) Large Cap Stocks .% AXA Conservative Allocation (15*) % AXA Tactical Manager 500 (7M*) EQ/BlackRock Basic Value Equity (81*) EQ/Boston Advisors Equity Income (33*) % AXA Conservative Growth Strategy (8R*) .% AXA Conservative-Plus Allocation (16*) % EQ/Calvert Socially Responsible (92*) .% AXA Conservative Strategy (8S*) EQ/Common Stock Index (T1*) Bonds (Not available under Max Flex option) EQ/Davis New York Venture (6Q*) EQ/Equity 500 Index (TE*) EQ/Equity Growth PLUS (94*) % .% EQ/Core Bond Index (96*) % .% EQ/Global Bond PLUS (47*) .% EQ/Intermediate Government Bond (TI*) EQ/JPMorgan Value Opportunities (72*) 2% EQ/PIMCO Ultra Short Bond (28*) 2% EQ/Quality Bond PLUS (TQ*) 2% Invesco V.I. High Yield (8L*) EQ/Large Čap Core PLUS (85*) % EQ/Large Cap Growth Index (82* EQ/Large Cap Growth PLUS (77*) .% Ivy Funds VIP High Income (8G*) EQ/Large Cap Value Index (49*) .% Multimanager Core Bond (69*) EQ/Large Cap Value PLUS (89*) .% Multimanager Multi-Sector Bond (TH*) EQ/Lord Abbett Large Cap Core (05*) Templeton Global Bond Securities (8F*) EQ/Montag & Caldwell Growth (34*) % Cash Equivalents (Not available under Max Flex option) .% EQ/Mutual Large Cap Equity (6F*) % EQ/Money Market (T3*) .% EQ/T. Rowe Price Growth Stock (32*) Sector/Specialty (Not available under Max Flex option) .% EQ/Van Kampen Comstock (07*) 2% Fidelity® VIP Contrafund® (7R*) 2% Fidelity® VIP Equity Income (7S*) 2% Invesco V.I. Diversified Dividend (8B*) EQ/Franklin Core Balanced (6C*) PIMCO VIT CommodityRealReturn[®] Strategy (8E*) MFS® Investors Growth Stock (81*) Total of all investment options chosen for MFS® Investors Trust (7P*) Contribution Allocations must equal 100% Multimanager Aggressive Equity (T2*) The number in parentheses is shown for data input only.

2011 TSA STRAT (10-12)

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AXA Equitable Life Insurance Company
Cat. No. 147599 (10/12) Page 2 of 5

	0 0 110 11 0 11 1 10 11001	0/ MEO® 1 O	$\overline{}$
	Special Dollar Cost Averaging (Special DCA)	// MFS® Investors Growth Stock (8I*)	
- 1	Only available for direct transfer and rollover contributions.	MFS® Investors Trust (7P*)	
	Choose one time period. 100% of the contribution indicated	Multimanager Aggressive Equity (T2*)	
	in Section #6B(i) will be allocated to Special DCA unless you	Multimanager Large Cap Value (58*)	
		% Oppenheimer Main Street Fund®/VA (7Q*)	
	specify a dollar amount for the time period selected.	Small/Mid Cap Stocks	R025945010
- 1	☐ 3-months: ☐ 100% Allocation or ☐ \$	Of American Contunt VD Mid Con Value (71/2)	
\	□ 6-months: □ 100% Allocation or □\$	% American Century VP Mid Cap Value (7V*)	
\mathbf{I}		% AXA Tactical Manager 400 (7L*)	
71	□ 12-months: □ 100% Allocation or □\$	% AXA Tactical Manager 2000 (7K*)	.
	Use the Special DCA allocation column below for amounts	% EQ/AllianceBernstein Small Cap Growth (TP*)) [
	to be transferred under the Special DCA program. You		
	cannot select more than 10 investment options.	% EQ/GAMCO Small Company Value (37*)	- 1
		% EQ/Mid Cap Index (55*)	
- 1	If only allocating a portion of the direct transfer or rollover to Special	% EQ/Mid Cap Value PLUS (79*)	
	DCA, you must complete the contribution allocations listed in #7.	% EQ/Morgan Stanley Mid Cap Growth (08*)	- 1
- 1	Note: Your choice of Maximum Transfer Flexibility or Maximum	% EQ/Small Company Index (97*)	
	Fund Choice as indicated in #7 will also apply to the investment	Fidelity® VIP Mid Cap (7U*)	
	options listed in this section.	Goldman Sachs VIT Mid Cap Value (7W*)	
	pale Three Performance and a second a second and a second a second and	/ Invesce VI Mid Con Core Equity (7T*)	
	Special DCA Allocation	% Invesco V.I. Mid Cap Core Equity (7T*)	
-71	Structured Investment Option Segment	// Invesco V.I. Small Cap Equity (7X*)	
-/1	% S&P 500 1year -10% Buffer (V1*)	% Ivy Funds VIP Mid Cap Growth (8M*)	
4		% Ivy Funds VIP Small Cap Growth (7Ý*)	
	Although not required, you have the ability to choose a Performance	% Multimanager Mid Cap Growth (59*)	
J	Cap Threshold. To choose your Performance Cap Threshold, please	% Multimanager Mid Cap Value (61*)	
1	check the box below and complete the Performance Cap Threshold	// Multimanager Small Cap Growth (36*)	
	and Maturity Instructions Election Form (#146946) The completed	/ Multimanager Small Cap Value (91*)	
	form must be submitted along with this application to our Processing	International Stocks/Global	- 1
- 1	Office.	% AXA Tactical Manager International (7N*)	
	☐ I want to choose a Performance Cap Threshold.	% EQ/Global Multi-Sector Equity (78*)	
	Note: if you elect the Structured Investment Option as part of your	% EQ/International Core PLUS (88*)	
- 1	allocation percentages in #7 and elected a threshold, the same	% EQ/International Equity Index (TN*)	
	threshold that you elected will also apply to the Structured Investment	% EQ/International Value PLUS (73*)	
	Option if chosen as part of your Special DCA allocations.	EQ/MFS International Growth (26*)	
- 4	400440000000000000000000000000000000000	% EQ/MF3 International Growth (20)	
	Asset Allocation	% EQ/Oppenheimer Global (6A*)`	
I1	AXA Allocation	% EQ/Templeton Global Equity (6D*)	
- 1	% AXA Aggressive Allocation (18*)	% Invesco V.I. International Growth (7Z*)	
- 1	% AXA Balanced Strategy (8Q*)	% Lazard Retirement Emerging Markets Equity (8H*)
- 1	% AXA Moderate Allocation (T4*)	% MFS® International Value (8A*)	
- 1	% AXA Moderate Growth Strategy (80*)	% Multimanager International Equity (65*)	
- 1	% AXA Moderate-Plus Allocation (17*)	Sector/Specialty	
- 1	Target Allocation	% Invesco V.I. Global Real Estate (8C*)	
		% Investo V.I. Global Heal Estate (60)	
ιI	% Target 2015 Allocation (6G*)	% Ivy Funds VIP Energy (8D*) % MFS® Technology (8J*)	
1(% Target 2025 Allocation (6H*)	/* MFS® Utilities (8K*)	
4		2/ Multimanager Technology (67*)	Į.
- 1	% Target 2045 Allocation (6J*)	Multimanager Technology (67*)	
-	Other Asset Allocation	% Van Eck VIP Global Hard Assets (8N*)	
	% All Asset Growth – Alt 20 (7H*)	AXA Allocation (Not available under Max Flex option)	
- 1		% AXA Conservative Allocation (15*)	
1	EQ/Franklin Templeton Allocation (6P*)	% AXA Conservative Growth Strategy (8R*)	
	Large Cap Stocks	% AXA Conservative Growth Grategy (GIT)	
1	% AXA Tactical Manager 500 (7M*)	AXA Conservative Strategy (8S*)	
	9/ EO/Ricok Rock Rock Volus Carrier (04*)		
	% EQ/BlackRock Basic Value Equity (81*)	Bonds (Not available under Max Flex option)	
	% EQ/Boston Advisors Equity Income (33*)	% EQ/Core Bond Index (96*)	
	% EQ/Calvert Socially Responsible (92*)	% EQ/Global Bond PLUS (47*)	
	% EQ/Common Stock Index (T1*)	% EQ/Intermediate Government Bond (TI*)	
	% EQ/Davis New York Venture (6Q*)	% EQ/PIMCO Ultra Short Bond (28*)	
	% EQ/Equity 500 Index (TE*)	% EQ/Quality Bond PLUS (TQ*)	
	% EQ/Equity Growth PLUS (94*)	% Invesco V.I. High Yield (8L*)	
	EQ/JPMorgan Value Opportunities (72*)	% Ivy Funds VIP High Income (8G*)	- 11
		% Multimanager Core Bond (69*)	
	EQ/Large Cap Core PLUS (85*)	% Multimanager Multi-Sector Bond (TH*)	
	% EQ/Large Cap Growth Index (82*)	% Templeton Global Bond Securities (8F*)	
	% EQ/Large Cap Growth PLUS (77*)	Cash Equivalents (Not available under Max Flex option)	
	% EQ/Large Cap Value Index (49*)		
		% EQ/Money Market (T3*)	
	% EQ/Lord Abbett Large Cap Core (05*)	Sector/Specialty (Not available under Max Flex option)	-
	% EQ/Montag & Caldwell Growth (34*)	% EQ/Franklin Core Balanced (6C*)	
	% EQ/Mutual Large Cap Equity (6F*)	% PIMCO VIT CommodityRealReturn® Strategy	(8E*)
1	% FO/T Rows Price Growth Stock (20*)		
1	% EQ/T. Rowe Price Growth Stock (32*)	% Total of all investment options chosen for S	necial
1	% EQ/Van Kampen Comstock (07*)	DCA Allocations must equal 100%	heridi
1.	% Fidelity® VIP Contrafund® (7R*)	DOA AHOGACIONS MUSI EQUAL 100%	
].	% Fidelity® VIP Equity Income (7S*)	* The number in parentheses is shown for data input	t only
1.	% Invesco V.I. Diversified Dividend (8B*)	The second of th	
5	011 TSA STRAT (10-12) X0372	Core AVA Equitable 1 ifa Incurance	Company
~	711 (on offine (10-12)	1_core AXA Equitable Life Insurance AXA Equitable Life Insurance Cat. No. 147599 (10/12) Pa	ane 3 of 5
		(V) Loat. No. 147303 (10/12) [7	~90 0 01 J

9. Special instructions

Use this section to enter the participant's mailing address if it differs from the primary residential address. Also, for any additional details regarding beneficiary, replacement, or transfer information.

For Participants whose Primary Residential Ac	e Mailing Address differs from their ddress in #3.			
Participant's Mailing Address:				
,				
Mailing Address — P.0	O. Box Accepted			
City	State Zip Code			
- City				
	-			
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A and B must be completed.							
A. Replacement Information: (Must Respond to 1 and 2.)							
	. Do you have any other existing life insurance or annuities? ☐ Yes ☐ No						
it cl in ce	 Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the certificate applied for will be issued? ☐ Yes ☐ No If Yes, fully complete the following information (if more 						
th	an 3 compan structions sec	ies are replac	ced, provide	details in Special			
1.	Year Issued	Type of Plan	Company	Contract Number			
	Company Address	S					
2.	Year Issued	Type of Plan	Company	Contract Number			
	Company Address	S					
3.	Year Issued	Type of Plan	Company	Contract Number			
	Company Address	3					
B. Certificate State: The Certificate state is your state of primary residence (Your primary residential address from Section 3) unless you sign the enrollment form in a different state. If you are signing this enrollment form in a state other than your state of primary residence, check one box below:							
	$\hfill\square$ I have a second residence in the state of sale.						
	\square I work or conduct business in the state of sale.						
If none of the above apply, the enrollment form must be signed in your state of Primary Residence, unless we approve another state.							

11. Broker Transfer Authorization					
☐ Yes , by signing this enrollment form, I hereby designate my registered representative named in EQUI-VEST Representative Report to act as my agent in giving investment option transfer instructions by telephone or electronically, and I authorize AXA Equitable to act on such instructions. I understand that AXA Equitable (i) may rely in good faith on the stated identity of a person placing such instructions, and (ii) will have no liability for any claim, loss, liability, or expense that may arise in connection with such instructions. AXA Equitable will continue to act upon this authorization until such time as it receives my written notification of a change at its processing office. AXA Equitable may (i) change or terminate telephone or electronic or overnight mail transfer procedures at any time without prior notice, and (ii) restrict fax, internet, telephone and other electronic transfer services because of disruptive transfer activity.					
12. Agreement					
All information and statements on this enrollment form are true and complete to the best of my knowledge and belief. I understand that no financial professional has the authority to make or modify any certificate on AXA Equitable's behalf, or to waive or alter any of AXA Equitable's rights and regulations. I understand that the annuity account value attributable to allocations to the variable investment options of the separate account or variable annuity benefit payments may increase or decrease and are not guaranteed as to dollar amount. I acknowledge that I have received the most current prospectus and any supplement(s). After reviewing my financial information and goals with my financial professional, I believe that this certificate will meet my financial goals. Consent for Delivery of Initial Prospectus on CD-ROM:					
Yes. By checking this box and signing the Enrollment For readable compact disk "CD", and I am able to access the Color I must print it. I also understand that I may request a prosper 2144 and that all subsequent prospectus updates and supple Equitable's Electronic Delivery Service.	D information. In order to retain ectus in paper format at any time	the prospectus indefinitely, I by calling Customer Service	understand that at 1-877-222-		
By signing this Enrollment Form the Participant acknown benefits other than tax deferral, as the tax-deferral feature.	owledges that he or she is b ature of the certificate does	ouying the certificate for it not provide additional ber	s feature and nefits.		
X					
Proposed Participant's Signature	Today's Date (mm/dd/yy)	City	State		
			1		

EQUI-VEST® REPRESENTATIVE REPORT

Please print in black ink.

All questions must be answered.

ļ	I CERTIFY THAT A PROSPECTUS AT THE PROPOSED PARTICIPANT AN APPROVED BY AXA EQUITABLE HAR ENROLLMENT FORM MUST SIGN	D THAT I AVE BEE	NO WRITTEN SALI N USED. (THE RE	ES MATERIALS O' Presentative v	THER THAN	N THOSE
В.	DO YOU HAVE REASON TO BELIE'S URRENDERED, WITHDRAWN FR' VALUE, OR REPLACED IN CONNECAPPLIED FOR WILL BE ISSUED ON YES IN NO (IF YES, ATTACH A CO	OM, LOA CTION W N THE LIF	NED AGAINST, CH ITH THIS TRANSA E OF THE PARTIC	IANGED OR OTHE CTION, ASSUMIN DPANT?	ERWISE RE G THE CEF	EDUCED IN RTIFICATE
C.	DID YOU (i) VERIFY THE IDENTITY PARTICIPANT, (ii) INQUIRE ABOUT (iii) CONFIRM THAT THE PARTICIPATION MILITARY, GOVERNMEN YES (IF YOU ARE UNABLE TO ANS	THE SOL ANT IS N IT OR PO	JRCE OF THE CU: OT (NOR IS A FAM LITICAL OFFICIAL	STOMER'S ASSET IILY MEMBER OF (?	S AND INC OR ASSOC	COME AND IATED WITH) A
D.	DO YOU AUTHORIZE THE CERTIFI INSTEAD OF BEING MAILED TO TH YES NO			CTLY TO THE PR	OPOSED P	ARTICIPANT
E.	IS THE PARTICIPANT CURRENTLY ☐ YES ☐ NO (IF YES, YOU MUST DISCLOSURE TO ACTIVE DUTY M	TALSO S	UBMIT A COMPLE	TED AND SIGNED		
r=	* "ACTIVE DUTY" MEANS FULL-T AND INCLUDES MEMBERS OF T SERVING UNDER PUBLISHED O NOT INCLUDE MEMBERS OF TH ACTIVE DUTY FOR TRAINING UI THAN 31 CALENDAR DAYS.	THE RES DRDERS HE RESE NDER MI	ERVE COMPONE! FOR ACTIVE DUT RVE COMPONENT	NT (NATIONAL GU Y OR FULL-TIME T I WHO ARE PERF	ARD AND F FRAINING. ORMING A	RESERVE) WHILE THE TERM DOES CTIVE DUTY OR
	NAME AND SIGNATURE OF THE FIN QUESTIONS AND VERIFIED THE AE			E WHO ANSWER	ED THE AB	BOVE
		BOVE DO		E WHO ANSWER		(mm/dd/yy)
	QUESTIONS AND VERIFIED THE AE	ATELY R	SIGNATURE		DATE	(mm/dd/yy) REPRESENTA-
	PRINT NAME EQUI-VEST ISSUES MUST ADEQUA	ATELY R	SIGNATURE		DATE	(mm/dd/yy)
\[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PRINT NAME PRINT NAME EQUI-VEST ISSUES MUST ADEQUATIVES ON PREVIOUS CONTRACTS PRINT REPRESENTATIVE(S) NAME(S)	ATELY RIS. LAST NAME	SIGNATURE EFLECT THE COM	MISSION INTERE	DATE ST OF ALL AGENCY	(mm/dd/yy) REPRESENTA- REPRESENTATIVE INSURANCE
	PRINT NAME PRINT NAME EQUI-VEST ISSUES MUST ADEQUATIVES ON PREVIOUS CONTRACTS PRINT REPRESENTATIVE(S) NAME(S)	ATELY RIS. LAST NAME	SIGNATURE EFLECT THE COM	MISSION INTERE	DATE ST OF ALL AGENCY	(mm/dd/yy) REPRESENTA- REPRESENTATIVE INSURANCE
	PRINT NAME PRINT NAME EQUI-VEST ISSUES MUST ADEQUATIVES ON PREVIOUS CONTRACTS PRINT REPRESENTATIVE(S) NAME(S)	ATELY RIS. LAST NAME	SIGNATURE EFLECT THE COM	MISSION INTERE	DATE ST OF ALL AGENCY	(mm/dd/yy) REPRESENTA- REPRESENTATIVE INSURANCE

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SERFF Tracking #:	ELAS-128748198	State Tracking #:	Company Tracking #:	2011 401(A) STRAT (10-12)

State: Arkansas Filing Company: AXA Equitable Life Insurance Company

TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium

Product Name: Equivest Series 901 TSA/EDC/401(a)

Project Name/Number: Enrollment Forms 10/12/2011 401(a) STRAT (10-12)

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Variable Text Memorandums		
Comments:			
Attachment(s):			
VTM-401a SERIES 901	ADVISOR ENROLLMENT FORM (GENERIC).pdf		
VTM-EDC SERIES 901	ADVISOR ENROLLMENT FORM (GENERIC).pdf		
VTM-TSA SERIES 901	ADVISOR ENROLLMENT FORM (GENERIC).pdf		
		Item Status:	Status Date:
Satisfied - Item:	Filing Letter		
Comments:			
Attachment(s):			
AR EQ 901 Enrollment I	Forms 10-12 Filing Letter.pdf		

AXA EQUITABLE LIFE INSURANCE COMPANY Memorandum of Variable Material

October 29, 2012

2011 401(a) STRAT (10-12) - EQUI-VEST Combination Fixed and Variable Deferred Variable Annuity Enrollment Form

The following comments describe the nature and scope of the variable material contained in the form.

- 1. The marketing name for the product may be revised in the future to reflect product variations.
- 2. The address, web address, telephone numbers, the catalog number, any referenced forms' catalog number, and page footers of the form should be considered administrative in nature and are subject to change.
- 3. In Section 2, the information requested may be changed or added as a result of requirements of the U.S. Patriot Act.
- 4. In Section 5, the "Expected Monthly Contribution" amount may range from \$100 to \$2,000.
- 5. In Section 6, the Segment Type(s) available under the Structured Investment Option from AXA Equitable will be listed here. Any time a Segment Type is listed here it has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from –5% to –50%.
- 6. In Section 6, the Separate Account Investment Options available from AXA Equitable will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly.
- 7. In Section 7 the Special Dollar Cost Averaging time periods may change or additional periods may be added. The periods may range from one to twenty-four months.
- 8. In Section 7, the Segment Type(s) available from AXA Equitable under the Structured Investment Option for use with Special Dollar Cost Averaging will be listed here. Any time a Segment Type is available it will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits the

Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from -5% to -50%.

- 9. In Section 7, the Separate Account Investment Options available from AXA Equitable for use with Special Dollar Cost Averaging will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly
- 10. In Section 11, the customer service telephone number is subject to change.
- 11. AXA Equitable may need to add or revise questions or make changes to the Representative Report based on current operational and/or compliance requirements. If that is the case, the bracketed text will not appear.

AXA EQUITABLE LIFE INSURANCE COMPANY Momorphy of Variable Material

Memorandum of Variable Material October 29, 2012

2011 EDC STRAT (10-12)- EQUI-VEST Combination Fixed and Variable Deferred Variable Annuity Enrollment Form

The following comments describe the nature and scope of the variable material contained in the form.

- 1. The marketing name for the product may be revised in the future to reflect product variations.
- 2. The address, web address, telephone numbers, the catalog number, any referenced forms' catalog number, and page footers of the form should be considered administrative in nature and are subject to change.
- 3. In Section 2, the information requested may be changed or added as a result of requirements of the U.S. Patriot Act.
- 4. In Section 5, the "Expected Monthly Contribution" amount may range from \$100 to \$2,000.
- 5. In Section 6, the Segment Type(s) available under the Structured Investment Option from AXA Equitable will be listed here. Any time a Segment Type is listed here it has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from –5% to –50%.
- 6. In Section 6, the Separate Account Investment Options available from AXA Equitable will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly.
- 7. In Section 7 the Special Dollar Cost Averaging time periods may change or additional periods may be added. The periods may range from one to twenty-four months.
- 8. In Section 7, the Segment Type(s) available from AXA Equitable under the Structured Investment Option for use with Special Dollar Cost Averaging will be listed here. Any time a Segment Type is available it will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits the

Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from –5% to –50%.

- 9. In Section 7, the Separate Account Investment Options available from AXA Equitable for use with Special Dollar Cost Averaging will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly
- 10. In Section 11, the customer service telephone number is subject to change.
- 11. AXA Equitable may need to add or revise questions or make changes to the Representative Report based on current operational and/or compliance requirements. If that is the case, the bracketed text will not appear.

AXA EQUITABLE LIFE INSURANCE COMPANY

Memorandum of Variable Material October 29, 2012

2011 TSA STRAT (**10-12**) - EQUI-VEST Combination Fixed and Variable Deferred Variable Annuity Enrollment Form

The following comments describe the nature and scope of the variable material contained in the form.

- 1. The marketing name for the product may be revised in the future to reflect product variations.
- 2. The address, web address, telephone numbers, the catalog number, any referenced forms' catalog number, and page footers of the form should be considered administrative in nature and are subject to change.
- 3. In Section 1, the type of EQUI-VEST contract type references the markets (e.g. "Public School", "501(c)(3)" and "Colleges and Universities") may be added or removed to reflect the markets that are offered for new business.
- 4. In Section 3, the information requested may be changed or added as a result of requirements of the U.S. Patriot Act.
- 5. In Section 6, the "Expected Monthly Contribution" amount may range from \$100 to \$2,000.
- 6. In Section 7, the Segment Type(s) available under the Structured Investment Option from AXA Equitable will be listed here. Any time a Segment Type is listed here it has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from –5% to –30%.
- 7. In Section 7, the Separate Account Investment Options available from AXA Equitable will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly.
- 8. In Section 8, the Special Dollar Cost Averaging time periods may change or additional periods may be added. The periods may range from one to twenty-four months.

- 9. In Section 8, the Segment Type(s) available from AXA Equitable under the Structured Investment Option for use with Special Dollar Cost Averaging will be listed here. Any time a Segment Type is available it will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from –5% to -50%.
- 10.In Section 8, the Separate Account Investment Options available from AXA Equitable for use with Special Dollar Cost Averaging will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly
- 11. In Section 12, the customer service telephone number is subject to change.
- 12. AXA Equitable may need to add or revise questions or make changes to the Representative Report based on current operational and/or compliance requirements. If that is the case, the bracketed text will not appear.



Lisa Comick Policy Drafting Manager Annuity Product Management & Filing

October 31, 2012

Mr. Jay Bradford, Insurance Commissioner Arkansas Insurance Department 1200 West Third Street Little Rock, AR 72201-1904

RE: AXA Equitable Life Insurance Company

NAIC No.: 968-62944 FEIN No.: 13-5570651

2011 TSA STRAT (10-12) - EQUI-VEST Strategies (Series 901) Combination Fixed and

Variable Deferred Annuity 403(b) TSA Enrollment Form

2011 EDC STRAT (10-12) - EQUI-VEST Strategies (Series 901) Combination Fixed and

Variable Deferred Annuity 457 (b) EDC Enrollment Form

2011 401(a) STRAT (10-12) - EQUI-VEST Strategies (Series 901) Combination Fixed and

Variable Deferred Annuity 401(a) Enrollment Form

Dear Mr. Bradford:

We are filing for approval with the Department the above referenced enrollment forms.

2011 TSA STRAT (10-12)

Enrollment form 2011 TSA STRAT (10-12) will be used by our Agents in the 403(b) Tax Sheltered Annuity (TSA) market. This enrollment form will replace enrollment form 2011 TSA STRAT; that was approved by the Department on 02/25/2011 under State Tracking No. 48029.

Enrollment form 2011 TSA STRAT (10-12) is similar to enrollment form 2011 TSA STRAT, with the exception that Section 6, "Contribution amount" has been revised to provide a check box for the client to indicate or choose a specific expected monthly Contribution amount. Also, in Section 12, "Agreement" we removed the text and check-off box for the "Electronic Delivery Information".

Upon approval, enrollment form 2011 TSA STRAT (10-12) will be used with Certificate Form No. 2008TSA901-A that was approved by the Department on 12/19/2008 under State Tracking No. 41092.

2011 EDC STRAT (10-12)

Enrollment form 2011 EDC STRAT (10-12) will be used by our Agents in the Employee Deferred *Compensation (EDC)*. This enrollment form will replace enrollment form 2011 EDC STRAT; that was approved by the Department on 02/25/2011 under State Tracking No. 48029.

Enrollment form 2011 EDC STRAT (10-12) is similar to enrollment form 2011 EDC STRAT, with the exception that Section 5, "Contribution amount" has been revised to provide a check box for the client to indicate or choose a specific expected monthly Contribution amount. Also, in Section 11, "Agreement" we removed the text and check-off box for the "Electronic Delivery Information".

Upon approval, enrollment form 2011 EDC STRAT (10-12) will be used with Certificate Form No. 2009EDC901-A that was approved by the Department on 06/16/2009 under State Tracking No. 42632.

2011 401(a) STRAT (10-12)

Enrollment form 2011 401(a) STRAT (10-12) will be used by our Agents in the 401(a) market. This enrollment form will replace enrollment form 2011 401(a) STRAT; that was approved by the Department on 02/25/2011 under State Tracking No. 48029.

Enrollment form 2011 401(a) STRAT (10-12) is similar to enrollment form 2011 401(a) STRAT, with the exception that Section 5, "Contribution amount" has been revised to provide a check box for the client to indicate or choose a specific expected monthly Contribution amount. Also, in Section 11, "Agreement" we removed the text and check-off box for the "Electronic Delivery Information"

Upon approval, enrollment form 2011 401(a) STRAT (10-12) will be used with Certificate Form No. 2009401a901-A that was approved by the Department on 06/16/2009 under State Tracking No. 42633.

We are also enclosing a Memorandum of Variable Material for each of the enrollment forms.

If you have any questions or need any additional information, please call me at (212) 314-3562 or Greg Prato at (212) 314-5710. Thank you.

Sincerely,

Lisa Comick

Policy Drafting Manager

Lisa L. Comick